

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y	
1	Unified Rate Review v2.0.4																							
2																								
3	Company Legal Name:		Aetna Life Insurance Company										State:		KY									
4	HIOS Issuer ID:		39127										Market:		Small Group									
5	Effective Date of Rate Change(s):		1/1/2016																					
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:		1/1/2014		to		12/31/2014																	
13			Experience Period						Aggregate Amount		PMPM		% of Prem											
14	Premiums (net of MLR Rebate) in Experience Period:		\$0		#DIV/0!		#DIV/0!																	
15	Incurred Claims in Experience Period		\$0		#DIV/0!		#DIV/0!																	
16	Allowed Claims:		\$0		#DIV/0!		#DIV/0!																	
17	Index Rate of Experience Period				\$0.00																			
18	Experience Period Member Months		0																					
19																								
20	Section II: Allowed Claims, PMPM basis																							
21			Experience Period				Projection Period:		1/1/2016		to		12/31/2016		Mid-point to Mid-point, Experience to Projection:		24		months					
22			on Actual Experience Allowed				Adj't. from Experience		to Projection Period		Annualized Trend		Factors		Projections, before credibility Adjustment		Credibility Manual							
23	Benefit Category		Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM	
24	Inpatient Hospital		Days		1.00		\$1.00		\$0.00		1.000		1.000		1.000		1.000		1.00		\$1.00		\$0.00	
25	Outpatient Hospital		Services		1.00		1.00		0.00		1.000		1.000		1.000		1.000		1.00		1.00		0.00	
26	Professional		Services		1.00		1.00		0.00		1.000		1.000		1.000		1.000		1.00		1.00		0.00	
27	Other Medical		Services		1.00		1.00		0.00		1.000		1.000		1.000		1.000		1.00		1.00		0.00	
28	Capitation		Other		1.00		1.00		0.00		1.000		1.000		1.000		1.000		1.00		1.00		0.00	
29	Prescription Drug		Services		1.00		1.00		0.00		1.000		1.000		1.000		1.000		1.00		1.00		0.00	
30	Total								\$0.00														\$0.00	
31																								
32	Section III: Projected Experience:																				After Credibility		Projected Period Totals	
33																					\$560.15		\$2,240,600	
34																					0.722			
35																					\$404.43		\$1,617,713	
36																					-0.15		(600)	
37																					\$404.58		\$1,618,313	
38																					-2.25		(9,000)	
39																								
40																								
41																					9.83%		51.13	
42																					3.90%		20.28	
43																					8.05%		41.87	
44																							\$520.11	
45																							\$579.80	
46																							#DIV/0!	
47																							#DIV/0!	
48																							4,000	
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

**Aetna Life Insurance Company**  
**39127**  
**1/1/2016**

State: **KY**  
Market: **Small Group**

Product/Plan Level Calculations									
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## **Section I: General Product and Plan Information**

Product		Aetna Indemnity	Aetna PPO					
Product ID:		39127KY006	39127KY007					
Metal:		Silver	Gold	Silver	Silver	Silver	Silver	Silver
AV Metal Value		0.709	0.792	0.714	0.706	0.683	0.681	0.681
AV Pricing Value		1.157	0.975	0.963	0.986	0.889	0.760	0.932
Plan Type:		Indemnity	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name		KY Silver Indemnity 2000 80	KY Gold PPO 1500 80/60 Integrated	KY Silver PPO 2000 80/60	KY Silver PPO 3000 100/75 HSA EMB	KY Silver PPO 5000 80/60	KY Silver PPO 5400 Integrated	KY Silver PPO 3000 100/75 HSA TIF
Plan ID (Standard Component ID):		39127KY0060001	39127KY0070001	39127KY0070002	39127KY0070005	39127KY0070003	39127KY0070004	39127KY0070006
Exchange Plan?		No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%					
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%					
Historical Rate Increase - Calendar Year 0		0.00%	0.00%					
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%	0.00%					

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

[illegible][illegible]

Projected Member Months	4,000	1	999	600	600	600	600	600
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tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	39127KY0060001	39127KY0070001	39127KY0070002	39127KY0070005	39127KY0070003	39127KY0070004	39127KY0070006
Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Months	0	0	0	0	0	0	0	0
Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	39127KY0060001	39127KY0070001	39127KY0070002	39127KY0070005	39127KY0070003	39127KY0070004	39127KY0070006
Plan Adjusted Index Rate	\$538.25	\$674.55	\$568.27	\$561.41	\$574.76	\$518.46	\$442.91	\$543.46
Member Months	4,000	1	999	600	600	600	600	600
Total Premium (TP)	\$2,152,982	\$675	\$567,703	\$336,847	\$344,856	\$311,078	\$265,745	\$326,078
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$2,240,606	\$715	\$537,465	\$353,402	\$366,956	\$341,318	\$292,271	\$348,481

EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$633,898	\$208	\$112,008	\$100,931	\$107,958	\$108,334	\$93,293	\$111,165
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$1,606,708	\$507	\$425,457	\$252,470	\$258,997	\$232,984	\$198,978	\$237,315
Net Amt of Rein	-\$9,000	-\$2	-\$2,248	-\$1,350	-\$1,350	-\$1,350	-\$1,350	-\$1,350
Net Amt of Risk Adj	-\$600	\$0	-\$150	-\$90	-\$90	-\$90	-\$90	-\$90





